

HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last) <b>Smith</b>	(First) <b>Dan</b>	(Middle)	TELEPHONE <b>800-626-5403</b>
MAILING ADDRESS (Street) <b>1415 L Street, Suite 1150</b>			FAX <b>916-583-9330</b>
(City) <b>Sacramento</b>	(State) <b>CA</b>	(Zip Code) <b>95814</b>	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) <b>N/A</b>			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

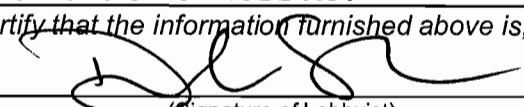
<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <b>PHILIP MORRIS USA INC., BY ITS SERVICE COMPANY, ALTRIA</b>		TELEPHONE <b>916-583-9300</b>
MAILING ADDRESS (Street) <b>1415 L Street, Suite 1150</b>		FAX <b>916-583-9330</b>
(City) <b>Sacramento</b>	(State) <b>CA</b>	(Zip Code) <b>95814</b>
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT <b>Dan Smith</b>		TELEPHONE <b>916-583-9300</b>
MAILING ADDRESS (Street) <b>1415 L Street, Suite 1150</b>		FAX <b>916-583-9330</b>
(City) <b>Sacramento</b>	(State) <b>CA</b>	(Zip Code) <b>95814</b>

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture		Education		Human Services	<b>X</b>	Science, Technology & Economic Development
Communications & Public Utilities	<b>X</b>	Government Operations & Finance	<b>X</b>	Intergovernmental Relations, International Affairs	<b>X</b>	Tourism & Recreation
<b>X</b> Consumer Protection & Commerce		Hawaiian Affairs	<b>X</b>	Labor & Employment		Transportation
Culture, Arts, Historic Preservation	<b>X</b>	Health		Planning, Land & Water Use Management	<b>X</b>	Other: (indicate below)
Ecology, Energy Environmental Protection		Housing		Public Safety & Corrections		

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

  
(Signature of Lobbyist)

3-10-06  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

**César Vargas****Regional Director, State Gov. Affairs**

NAME OF ORGANIZATION (if applicable)

TELEPHONE **916-583-9300****Altria Corporate Services, Inc., on behalf of Philip Morris USA Inc.**

MAILING ADDRESS (Street)

FAX

**1415 L Street, Suite 1150****916-583-9330**

(City)

(State)

(Zip Code)

**Sacramento****CA****95814**

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

  
(Signature of Authorizing Officer or Person Represented)

3/15/06  
(Date)